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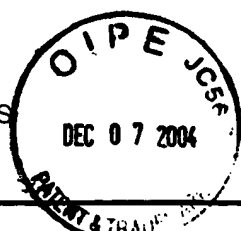
PTO/SB/06 (08-03)
Approved for use through 7/31/2006. OMB 0651-0032
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875	Application or Docket Number 10/635,043

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	SMALL ENTITY RATE	SMALL ENTITY FEE	OR	OTHER THAN SMALL ENTITY RATE	OTHER THAN SMALL ENTITY FEE
BASIC FEE (37 CFR 1.16(a))				$ 0	OR		$ 0
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	* 0	x $ 9 =	0	OR	x $ 18 =	0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	* 0	x 44 =	0	OR	x 88 =	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		0	+ 150 =	0	OR	+ 300 =	0
* If the difference in column 1 is less then zero, enter "0" in column 2			TOTAL	0	OR	TOTAL	0

CLAIMS AS AMENDED - PART II

SMALL ENTITY OR OTHER THAN SMALL ENTITY

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	* 27	Minus	** 24	= 3	x $ 9 =	0	OR	x $ 18 =	54
Independent (37 CFR 1.16(b))	* 2	Minus	*** 3	= 0	x 44 =	0	OR	x 88 =	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 150 =	0	OR	+ 300 =	0
					TOTAL ADDIT. FEE	0	OR	TOTAL ADDIT. FEE	54

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	* 0	Minus	** 0	= 0	x $ 9 =	0	OR	x $ 18 =	0
Independent (37 CFR 1.16(b))	* 0	Minus	*** 0	= 0	x 44 =	0	OR	x 88 =	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 150 =	0	OR	+ 300 =	0
					TOTAL ADDIT. FEE	0	OR	TOTAL ADDIT. FEE	0

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	=	x $ 9 =	0	OR	x $ 18 =	0
Independent (37 CFR 1.16(b))	*	Minus	***	=	x 44 =	0	OR	x 88 =	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 150 =	0	OR	+ 300 =	0
					TOTAL ADDIT. FEE	0	OR	TOTAL ADDIT. FEE	0

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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